

PART B - FEE(S) TRANSMITTAL

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7590

09/09/2004

Pinnegan Henderson Farabow
Garrett & Dunner
1300 I Street NW
Washington, DC 20005

12/08/2004 SFELEKE2 00000081 060916 09786191

01 FC:1501 40.00 DA 1330.00 DP



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09786191	05/24/2001	Henri-Georges Bois	03715.0080	5212

TITLE OF INVENTION: DEVICE AND METHOD FOR MAKING PACKAGING BAGS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	12/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUYNH, LOUIS K	3721	053-412000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> Finnegan, Henderson,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> Farabow, Garrett
<input type="checkbox"/> & Dunner, L.L.P	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Flexico-France

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Henonville, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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The Director is hereby authorized by charge ~~the required fees~~ any deficiencies, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Deborah Katz

Date December 7, 2004

Typed or printed name Deborah Katz

Registration No. 51,863

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